Iowa Department of Human Services

# The Blue Sheet

**Practical Application of Iowa's Blueprint for Permanency**

**2/1/2011** Volume 5

## *Stability at Home:*

### Promoting Stability and Preventing Disruptions

Consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development. The stability of a child's life will influence his/her ability to solve problems, negotiate change, assume responsibilities, judge and take appropriate risks, form healthy relationships, work as a member of a group, and develop a "conscience." Many life skills, character traits, and habits grow out of enduring relationships the child has with key adults in his/her life. The caregiver, who takes time with the child, works through problems of childhood and adolescence, and models values and life skills, is essential for normal development. [1] Building nurturing relationships depends on consistency of contact. For this reason, stability and permanence in the child's living arrangement and social support network is a foundation for child development. While foster care provides a temporary placement for children in need, the instability of foster care over many years does not provide the necessary environment for most children to successfully accomplish developmental tasks, nor does it promote the development of a lifetime support system for children.[2]

### *Ways in which Children are affected by Placement Instability*

• • •

**Behavior.** A large study of foster children found that the number of placements children had could be used to predict behavioral problems 17 months after they entered foster care. Other studies have linked placement instability to children's aggression, coping difficulties, poor home adjustment, and low self-concept. Children may also experience behavioral difficulties if they think their placements won't last. (Harden, 2004).

**Long-term Outcomes.** Pecora and colleagues (2005) examined outcomes for 659 young adults who had been placed in family foster care as children. They found that among these young adults:

- More than half had at least one mental health problem
- Only 2% had earned a BA or higher (compared to 24% in the general population)
- 20% were unemployed (compared to 5% for the general population)
- 33% had household incomes at or below the poverty level
- 33% had no health insurance
- 22% had been homeless at least one night

**These researchers concluded that many of these negative outcomes could be eliminated or reduced by increasing the stability of foster care placements.**

*Foster care placement disruption in North Carolina by John McMahon*

[1] QSR Protocol, HSO

[2] Report to Congress on Adoption and Other Permanency Outcomes for Children in Foster Care: Focus on Older Children

# *Principles of Stability as a Priority of Permanency Practice*

● UNDERSTANDING THE RELATIONSHIP BETWEEN STABILITY AND PERMANENCY ●
●REASONS FOR PLACEMENT DISRUPTIONS ● ●STABILITY AS A PRACTICE PRIORITY●

**Understanding the Relationship between Permanency and Stability**:
A correlative relationship exists between permanency and stability. Each placement change, including removal from home, creates a ripple effect in a child's life that impacts the child's development, daily functioning and the child's view of the world. Without stability, a child cannot go about the business of growing, learning and developing. Permanency provides a sense of belonging and having value within a family. Without permanency, a child cannot experience stability because a child's emotional well-being is tied to stable and loving connections to caring adults.

**Reasons for Disruptions**

There are both systemic and practice issues that impact stability of children's placements in foster care.

**Systemic Issues**

- *An insufficient number of foster placements.* The CFSRs found an inadequate number of foster homes to match the needs of children in Iowa, especially adolescents, and minority children. This forces placements based on what is available rather than on what is appropriate for the child. The result can be poor matches between child needs and caregiver strengths. Another problem this creates is that children often are placed a long distance from the parental home and must be moved when a home closer to the parents is located.
- *Foster Parent Training:* There is a lack of training for foster parents to address trauma informed, behavioral, emotional, and special needs of children. It is noted that Trauma-Informed Foster Parent Training is being initiated state-wide to address this issue.
- *Specialized Foster Homes*: Lack of specialized placements and use of temporary placements creates problems. Using temporary placements, such as shelter care, drives up the number of moves children must make. The CFSRs found a scarcity of appropriate placement options for children with developmental disabilities or behavioral problems. This leads to inappropriate placements and subsequent moves.

**Practice Issues**

- *Adjustment Issues:* Grief and loss are not addressed and affect emotional stability.
  - Children not only grieve the loss of parents but often must change schools where they have important relationships.
  - Children who are cut off from their parents worry about them, which affects their daily functioning.
- *Children are in unstable placements.*
  - Insufficient monitoring of the placement and lack of ongoing support of foster parents impacts stability.
- *Lack of early assessment of children's needs:* Early assessment identifies behaviors and needs of the child that if sufficiently met, could prevent threats of disruption. Lack of assessing a child's trauma history and behavior issues prevents matching the needs of the child with the skills and abilities of the foster parent.
- *Foster Parent Assessment*: Lack of assessment of foster parents needs in relationship to meeting the individual needs of the child impacts stability.
- *Matching:* Lack of matching children's needs with caregiver capacity impacts stability.
- *Providing Services and Supports:* Lack of identifying caregivers needs and providing supports and services to meet those needs impacts stability.
- *Threats of Disruption:* Placement changes are made too quickly instead of providing services to prevent disruptions. There is little recognition of threats of disruption and when threats arise there is no urgent response.

**Addressing Stability as a Priority of Permanency Practice**
The following strategies have a positive impact on the stability of children in placement.

- *Maintain family connections for the child.* Sustaining connections between children and their siblings, friends, and other family members can add to their

sense of stability.

- *Assure careful matching* of the foster family caregiver to the needs of the child. If there are systemic problems, report issues that impact the stability of the child to the contract manage, social work supervisor, manager or administrator so that practice patterns can be established and problems can be remedied.
- *Manage Transition and Adjustment Issues:* Address grief, loss, and trauma issues through supports to the child and foster family. Utilize family therapy or child mental health therapy.
- *Stability Monitoring and Tracking:* Stay in communication with the foster parents and child, providing direct support, and monitoring concerns. Addressing concerns before they are problems can prevent disruption. Encourage foster parents to ask for help when they need it rather than trying to deal with issues independently to the breaking point.
- *Child Behavioral Assessment:* Assess the child's needs early to identify behaviors that if sufficiently met, could prevent threats of disruption Seek a specialist to assess the child when needed. Engage the foster parents in the assessment process early in the placement and demonstrate that you value their contribution.
- *Involve Foster Parents in Case Planning:* Involve the foster parents in all case planning activities; establish an environment where they can share their needs and concerns. Provide learning opportunities; easily accessible respite care; and supports and services that are needed. Respite care should not be reserved for emergencies. It allows foster parents to renew their energy, which can enhance the quality and the longevity of placements.
- *Proactive Recognition and Response to Threats of Disruption:* When a threat of disruption arises, respond urgently to child and caregiver's needs. Assess underlying reasons and reassess family interactions, making sure connections are positive and firm.
- *Convene a Family Team Decision-Making Meeting* to specifically address preventing disruption. Provide supports and services to meet the needs of the child and foster parents and to maintain the placement.

## *Family and Child Factors that Contribute to Instability*

**Foster Family Factors**

**According to Schofield (2003), foster parents say a placement is more likely to disrupt when:**

- The foster parents dislike or reject the child
- Foster parents are concerned about the impact of the foster child on the rest of the family
- Stressful events occur in the life of the foster family prior to and/or during the placement
- Child welfare-related problems occur, such as allegations of maltreatment in the foster home or previous disruptions

**Foster Family Qualities**

**Schofield suggests the following foster parent qualities also influence placement stability:**

- Sensitivity towards the child
- Accepting the child for who he or she is
- Responding to the emotional age of the child
- Sensitive and proactive parenting around birth family issues and contact
- Active parenting regarding education, activities, life skills
- Boundaries: firm supervision yet promoting autonomy
- Enjoying a challenge!

**Foster Parents should:**

Research suggests that foster placements are more stable when foster parents have a clear and realistic understanding of the issues their children are struggling with, and when they have the knowledge and skills needed to successfully parent their children. In particular, foster parents should take steps to learn all they can about:

- Trauma and other mental health issues that affect children in foster care
- Their children's right to receive mental health and educational services
- How to advocate effectively for these services
- Appropriate discipline techniques, especially for children struggling with trauma, mental health issues, and oppositional/aggressive behavior

***Foster Care Placement Disruption in North Carolina by John McMahon, Fostering Perspectives, Vol. 10, No. 1, November 2005***

## Using Practice Strategies to Assure Stability

**Description of the Family and Reason for Child Welfare Involvement:** Maya, an 8 month old, was taken into care after her 17 year old mother Angela brought her to the ER unconscious with two broken arms and bruises. The police had received frequent reports of loud arguments and a baby crying in the apartment Angela shared with her boyfriend Remy, but protective services had never been called or involved. Angela was staying at a domestic violence shelter prior to the incident and had returned to Remy three days earlier. Angela indicated that the injuries to Maya had occurred in the shelter. Maya spent some time hospitalized and in casts that made it impossible for her to move her arms.

**Pre-placement Conference:** A Pre-placement Conference was held at the hospital a week before the infant's release, to share assessment information, and plan the transition to the medical foster home. The following folks attended: foster parents for medically fragile children; Aunt Jenna; Angela; pastor; domestic violence specialist; Public Health Nurse; child abuse assessment worker, family interaction worker, family team decision-making meeting facilitator, social worker, and Early ACCESS worker. Information was shared about Maya's medical condition and follow-up. Angela had packed Maya's favorite blanket, her clothes, and toys and talked about her care preferences; her likes and dislikes. Medical follow-up and ongoing physical therapy was scheduled so the mother and the aunt could attend.

**Family Interaction:** Arrangements were made for daily family interaction each morning with the mother and aunt. By the time the child's medical condition had stabilized two week later, the mother had infrequently visited the child and arrangements were made to transition the child to the home of the aunt, while services were provided to the mother.

**Transition Planning Meeting**: At the transition planning meeting, the foster mother described developmental delays and challenging behaviors of the child which did not appear to be related to her medical condition. Maya had trouble sleeping, startled easily, and cried when she heard loud noises. The foster mother gave the aunt her cell number for ongoing support.

**Threat of Disruption**: A week after the move, the aunt called the social worker and said Maya was avoiding physical contact, screamed for hours when taken to a medical appointment, and woke-up crying at night every few hours. When the aunt tried to soothe her, Maya arched her back, pushed her hands against the aunt's shoulders, and screamed even harder. Eventually she cried herself into exhaustion and fell asleep. The aunt told the social worker, "This little baby makes me feel completely rejected. Sometimes I feel so helpless, I just have to put her down and let her cry."

**Urgent Response:** The social worker talked to the aunt about her immediate needs and made arrangements for the baby to stay at the foster mother's home all day Saturday to give Aunt Jenna a rest. The social worker and the aunt agreed further planning was needed and a family team decision-making meeting would be scheduled. An appointment was made for Aunt Jenna and Maya to visit with the social worker at Early Access for an evaluation.

**Family Team Decision-Making Meeting to Address Threat of Disruption:** At the family team decision-making meeting, a plan was developed to provide supports for the aunt, which included respite and services to address Maya's behaviors. From her assessment, the Early ACCESS social worker described Maya's reactions as typical of infants with traumatic stress. She believed that the process of attachment had been disrupted and most likely physical contact and visits to the doctor had become reminders of being injured. The Public Health nurse provided Aunt Jenna with internet resources on caring for children who have experienced trauma. A plan was established for the Early ACCESS social worker and a community child development counselor to work with Aunt Jenna on strategies for Maya feeling safe, calming responses, and connecting emotionally with Aunt Jenna.